

# The Role of Family Planning in Preventing Abortion

A growing body of evidence supports the common sense assumption that preventing unintended pregnancies leads to a reduction in pregnancy terminations. **Experience shows that contraceptive services provided through family planning programs, including those funded by USAID, provide the means for avoiding unintended pregnancies and therefore play an essential role in reducing abortions.**<sup>1</sup>

This briefing note reviews data from many countries collected by different analysts over a long period of time. These findings point to the following main conclusions:

- Use of abortion is closely associated with unmet need for contraception and with reliance on less effective methods.
- In some countries, desire to have smaller families may increase faster than availability of family planning services and effective use of contraception, resulting in a short-term phenomenon in which use of contraception and abortion rates both rise simultaneously.
- Over the longer term (15-20 years), as contraceptive use becomes the norm, abortion rates fall substantially.
- Abortion rates are lower in countries where more effective modern methods of contraception are used than in countries where less effective methods predominate.
- Family planning programs are beginning to have a pronounced impact on abortions in Eastern Europe and the former Soviet Union, as well as in some Latin American countries where abortion rates have historically been extremely high.
- Providing access to contraception (along with life-saving care where needed) to women who have had abortions will help in preventing repeat abortions.

## Abortion and Unmet Need for Contraception

Abortion rates are high in many developing countries and in countries of Central and Eastern Europe and the former Soviet Union.<sup>2</sup> A 1995 survey in Russia shows an abortion ratio of about two induced abortions for every live birth.<sup>3</sup> Overall, about 32 million abortions are estimated to take place in developing countries every year, more than half of which are unsafe or clandestine, resulting in more than 70,000 preventable maternal deaths.<sup>4</sup>

The large number of abortions is closely associated with unmet need for contraception. As desire to have smaller families increases, and as the number of women of reproductive age also increases, programs must work hard to keep up with growing demand for contraception. A large “unmet need” for contraception exists among women who have stated that they would like to delay or avoid another birth but are not using a method of contraception. Surveys estimate that at least 120 million couples in developing countries have an unmet need for contraception by this definition, and millions more are using methods that are relatively less reliable or effective.

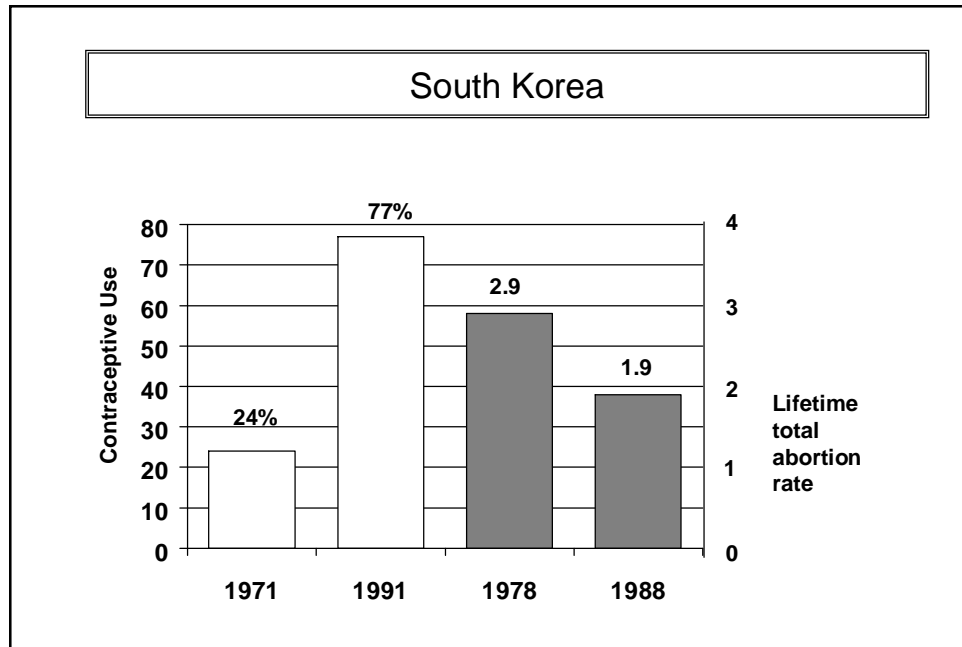
- In **Turkey**, recent data show that among married women who reported having had an abortion in the past five years (14 percent of the respondents), 34 percent were not using any contraceptive method at the time they became pregnant, and 45 percent were using withdrawal, which has a high failure rate.<sup>5</sup>
- In a large-scale study in four Latin American countries (**Bolivia, Colombia, Peru** and **Venezuela**), 73 percent of women hospitalized for abortion reported that they were not using a contraceptive method at the time they became pregnant.<sup>6</sup>

## **The Impact of Contraceptive Use on Abortion: Research Findings**

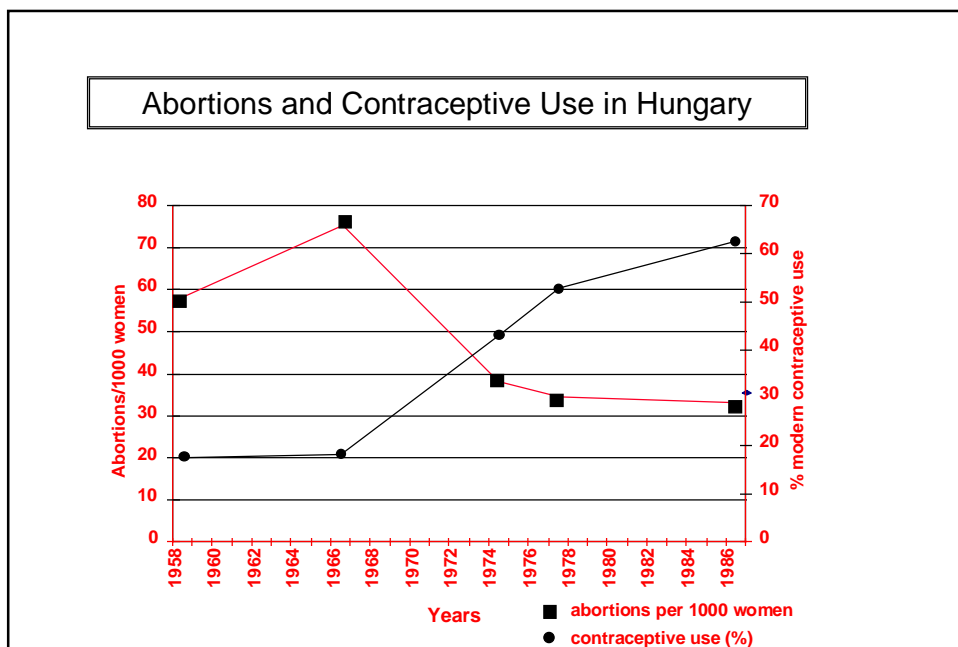
**The short-term phenomenon of simultaneous increases in contraceptive use and abortion.** In some circumstances, use of contraception and abortion rates may both be rising at the same time. This phenomenon may occur because the desire to have smaller families may be increasing faster than the availability of contraceptive information and services and the consistent use of effective contraceptives. A decline in abortion rates for some countries therefore does not become evident until contraceptive methods are both widely available and effectively used. In countries where high rates of abortion coexist for a period of time with expanding family planning programs, it is likely that even more abortions would occur without the protection from unintended pregnancies provided by family planning services.

**Historical data.** A number of studies, drawing on experience in a wide range of countries where data on both abortion and contraceptive use are relatively reliable, support the conclusion that use of effective modern methods makes a significant contribution over time to reducing unintended pregnancies and abortions.

- In **South Korea**, contraceptive use increased from 24 percent in 1971 to 77 percent in 1988. Lifetime total abortion rates per woman continued to increase to a peak of 2.9 in 1978, after which there was a nearly one-third decrease to 1.9 by 1991.<sup>7</sup>

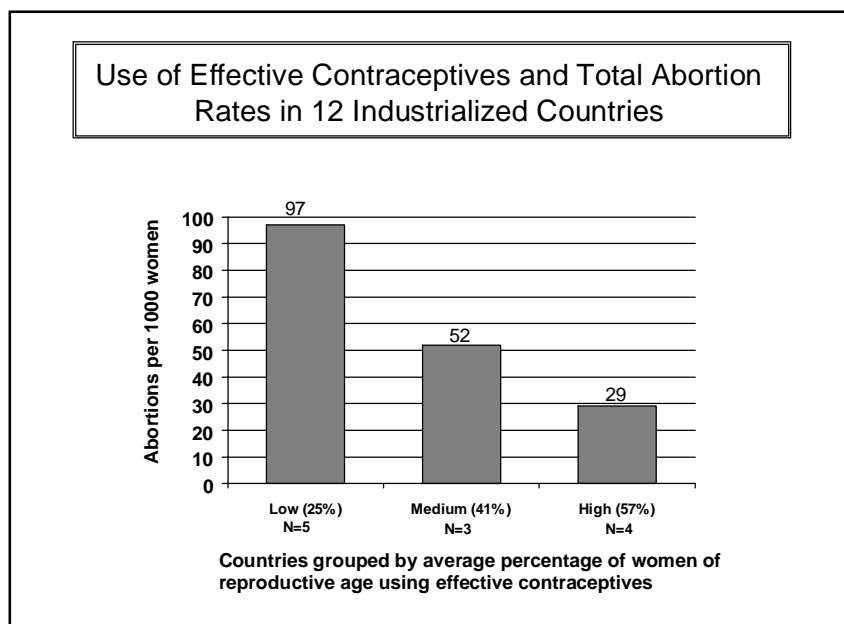


- In **Chile**, increased use of contraception since 1960 has been accompanied by a dramatic decline in abortion rates, which were estimated to drop from 77 per 1000 married women of reproductive age in 1960 to 45 in 1990.<sup>8</sup>
- In **Hungary**, abortion rates were increasing, reaching a peak of close to 80 per 1000 women in the late 1960's, while contraceptive use remained at a low level (around 20 percent). Subsequently, a dramatic increase in contraceptive use, to over 50 percent of couples in 1978, was accompanied by a sharp drop in abortion rates, to just over 30 per 1000 women in 1986.<sup>9</sup>



**Comparative data.** Comparisons of abortions and patterns of contraceptive use across countries also help to demonstrate the close connection between use of effective methods and lower abortion rates.

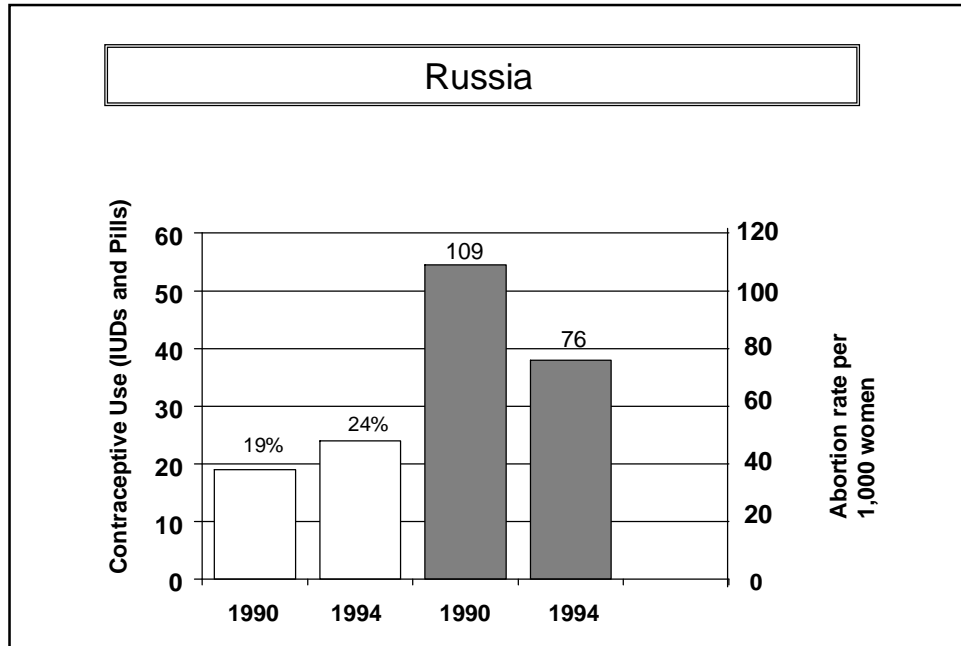
- A study of industrialized countries, including the United States, Canada, and all of Western Europe, using data from surveys between 1975 and 1984 found that "[t]he principal effect of using a highly effective method of contraception is to reduce the incidence of abortion." Abortion rates were lower in countries where the proportion of women relying on three effective methods (pills, IUDs, and sterilization) was higher.<sup>10</sup> Grouping countries by levels of effective method use highlights this relationship. The "low" category of countries had a group average of 25 percent effective method use and an average abortion rate of 97 per 1000, whereas the "high" category of countries had a group average of 57 percent effective method use and an average abortion rate of only 29 per 1000.



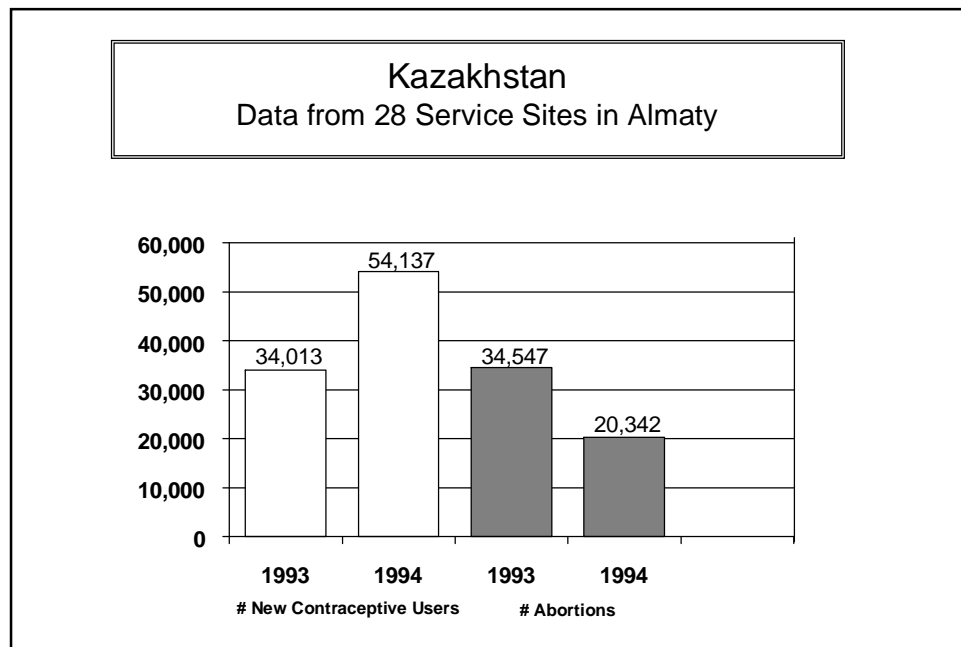
## Central and Eastern Europe and the Former Soviet Union: Recent Data

In the countries of **Central and Eastern Europe and the former Soviet Union**, abortion rates have been extremely high for many years, in large part due to the lack of access to effective, modern methods of contraception. Results of recent efforts to increase availability of contraceptive services are already evident:

- The IPPF affiliate in **Russia**, founded in 1991, now has 50 branches across the country. According to the Russian Ministry of Health, from 1990 to 1994, contraceptive use (IUDs and pills) increased from 19 percent to 24 percent. During this same time period, the number of abortions performed dropped from 3.6 million to 2.8 million. The abortion rate per 1,000 women dropped from 109 in 1990 to 76 in 1994.<sup>11</sup>



- In the city of Almaty, in **Kazakhstan**, USAID has provided assistance to train doctors and nurses and to increase contraceptive supplies for 28 clinics. Contraceptive users served by these clinics have increased by 59 percent from 1993 to 1994, from 34,013 to 54,137. During the same period, abortions declined by 41 percent, from 34,547 to 20,342.<sup>12</sup> The 1995 Demographic and Health Survey in **Kazakhstan** shows a 15 percent decline in the total lifetime abortion rate per woman from 2.0 in the 1988-91 period to 1.7 in the 1992-1995 period, during which the modern contraceptive use rate increased by 21 percent.<sup>13</sup>



- The Ministry of Health in the **Ukraine** reported a significant decrease in abortions from January to June 1996, which it has directly attributed to the women's reproductive health program which began in 1995 with USAID funding. The abortion ratio fell 8.6 percent in this six month period, from 150 to 137 per 100 live births.<sup>14</sup>

## Latin America

Between 3 and 5 million abortions take place in Latin American countries each year, causing roughly one-third of maternal deaths in the region.<sup>15</sup>

- A recent comparative study concluded: "In **Colombia** and **Mexico** the level of abortion stabilized once contraceptive use began to rise....In Colombia,...most regions are now showing declines in the abortion rate since the mid-1980s...suggesting that the culture of effective contraception is beginning to take hold."<sup>16</sup> From the same study, data from Bogota, the capital city of Colombia, showed a one-third increase in use of all forms of contraception between 1976 and 1986, accompanied by a 45 percent drop in the abortion rate, from 49 to 27 per 1000. For Mexico City and the surrounding region, use of all forms of contraception increased approximately 24 percent between 1987 and 1992, while the abortion rate fell 39 percent, from 41 to 25 per 1000.

Significantly, Colombia and Mexico have had very effective programs to expand availability of contraception -- in which USAID has long been a major donor.

## Africa

In **Africa**, there are over 3 million unsafe abortions annually, leading to approximately 21,000 maternal deaths.<sup>17</sup> Researchers and public health leaders point to a strong connection between programs that provide contraceptives and prevention of abortion and maternal deaths.

- A study conducted in **Tanzania** among women hospitalized for complications of induced abortion found that less than 19 percent were using any type of contraceptive method, including traditional methods, at the time they became pregnant. The investigators concluded that "unsafe abortion is a serious health problem in our country...costly to the individuals concerned and to the country's health system. One solution is increased accessibility and availability of family planning information, education and services for all eligible couples and individuals."<sup>18</sup>
- According to a physician from the Ministry of Health in **Ethiopia**, where USAID is the key donor helping to launch the national family planning effort: "Like other developing countries, Ethiopia has a lot of abortions, and from the studies in the capital's five hospitals, 30 percent of bed capacity is due to abortion. It is mostly younger women...coming in with complications after having an illegal abortion. Many young women are dying.... The government doesn't have any intention of using abortion as a family planning

method. So we are trying to have an excellent program in family planning in our country. We are just getting started, and within the next five years we will definitely depend on donors.”<sup>19</sup>

## **Saving Lives and Preventing Repeat Abortions**

Providing women who have had abortions with life-saving medical care accompanied by access to contraceptive information and services is an approach which will both reduce maternal deaths and prevent repeat abortions. With USAID support since 1993, the feasibility of assuring availability of family planning services to women receiving treatment for abortion complications is being tested and evaluated in studies underway or nearing completion in seven countries.

- In **Turkey**, pilot projects are dramatically increasing use of contraception among women who have had abortions, including a project in the largest maternity hospital in Ankara, where 98 percent of clients adopted a contraceptive method.<sup>20</sup>
- In **Egypt**, USAID supported a pilot study in two hospitals, in which providers were trained to provide improved treatment for complications as well as to discuss contraception with postabortion patients and provide a referral for services. The proportion of patients intending to begin using a contraceptive method increased from 37 percent in the pre-test to 62 percent in the post-test.<sup>21</sup>

## **Conclusion**

USAID is committed to helping couples meet their reproductive goals through the provision of safe and effective methods of family planning. Increasing access to high quality contraceptive services and a wide range of effective methods is an effective strategy to reduce reliance on abortion by preventing the unwanted pregnancies that lead to abortion.

### **Prepared by:**

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## ENDNOTES

<sup>1</sup> As a matter of law and policy, USAID does not promote abortion as a method of family planning, and USAID funds cannot be used to fund abortions except in cases of rape, incest, or if the life of the woman is in danger. USAID, "USAID Policy on Abortion," April 1994.

<sup>2</sup> In most developing countries, data on the extent of abortion are unreliable. Women are often reluctant to report abortions. Official data from governments are of variable quality, and data from hospitals or doctors who treat women for abortion complications provide only partial information. In collaboration with other donors, USAID is supporting efforts in selected countries to improve collection of data on the incidence of abortion as well as further analyses of the impact of family planning on unintended pregnancy and abortion. Country cases with quantitative data in this paper represent those for which relatively accurate data are available. Several different measures of abortion are used: Abortion rates refer to the number of abortions per 1000 women of reproductive age in the population. Abortion ratios refer to the number of abortions per 100 or 1000 live births. The lifetime total abortion rate is a measure of the number of abortions that an average woman is likely to have in her lifetime.

<sup>3</sup> Preliminary data from 1995 Russia Reproductive Health Survey assisted by the U.S. Centers for Disease Control (CDC).

<sup>4</sup> World Health Organization, "Abortion: A Tabulation of Available Data on the Frequency and Mortality of Unsafe Abortion" (Geneva: WHO Document No. WHO/FHE/MSM/93.13, 1994); and Susheela Singh and Stan Henshaw, "The Incidence of Abortion: A Worldwide Overview," Paper presented at the IUSSP Seminar on Socio-Cultural and Political Aspects of Abortion from an Anthropological Perspective, Trivandrum, India, March 25-28, 1996.

<sup>5</sup> Ministry of Health, Hacettepe University, and Demographic and Health Surveys, Demographic and Health Survey 1993 (Calverton, Md.: Ministry of Health and Macro International Inc., 1994). Overall, 63 percent of women in Turkey are using family planning, but only 35 percent use modern methods, and the remainder rely on periodic abstinence, withdrawal, or other less effective methods.

<sup>6</sup> S. Singh and D. Wulf, "The Likelihood of Induced Abortion Among Women Hospitalized for Abortion Complications in Four Latin American Countries," International Family Planning Perspectives, Vol. 19, No. 4 (1993):134-141.

<sup>7</sup> Jeanne Noble and Malcolm Potts, "The Fertility Transition in Cuba and the Federal Republic of Korea: The Impact of Organised Family Planning," Journal of Biosocial Science, Vol. 28 (1996): 211-225. A nearly identical pattern to that of Korea was also found for Cuba.

<sup>8</sup> John Paxman, et al., "The Clandestine Epidemic: The Practice of Unsafe Abortion in Latin America," in Studies in Family Planning, Vol. 24, No. 4, July/August 1993, pp. 206-214; and The Alan Guttmacher Institute, Clandestine Abortion: A Latin American Reality, New York, 1994.

<sup>9</sup> Hungary data reported here are drawn from Adam Balogh and Lazlo Lampe, "Hungary," in Bill Rolston and Anna Eggert, eds., Abortion in the New Europe: A Comparative Handbook (Westport, Connecticut: Greenwood Press, 1994): 139-156; and United Nations, World Contraceptive Use (New York: United Nations Data Diskettes, 1992).

<sup>10</sup> Elise F. Jones, et al., Pregnancy, Contraception, and Family Planning Services in Industrialized Countries (New Haven: Yale University Press, 1989), p. 218. Data on contraceptive use and abortion rates are from Belgium, Canada, Denmark, Finland, France, Great Britain, Greece, Italy, Netherlands, Norway, Sweden and the United States.



- <sup>11</sup> International Planned Parenthood Federation, "Fighting Russia's 'Abortion Culture,'" Annual Report, 1995-1996 (London: IPPF, 1996), p. 11.
- <sup>12</sup> M. Babamuradova, et al., Evaluation of AVSC-Supported Programs in Kazakhstan, Kyrgyzstan, Turkmenistan, and Uzbekistan (New York: AVSC International, March 1995).
- <sup>13</sup> J.M. Sullivan, "Trends in Induced Abortion and Contraceptive Use by Time Period, Kazakstan 1984-1995," (Calverton, Maryland: Demographic and Health Surveys Project, Macro International, Inc., 1996).
- <sup>14</sup> USAID/Ukraine mission report, July 1996.
- <sup>15</sup> John Paxman, et al., "The Clandestine Epidemic," op. cit.
- <sup>16</sup> Susheela Singh and Gilda Sedgh, "Trends in Abortion, Contraception and Fertility in Brazil, Colombia, and Mexico," forthcoming in International Family Planning Perspectives (1997).
- <sup>17</sup> World Health Organization, Abortion: A Tabulation of Available Data, op.cit.
- <sup>18</sup> G. S. Mpangile, et al, "Factors Associated with Induced Abortion in Public Hospitals in Dar es Salaam, Tanzania," Reproductive Health Matters, No. 2 (November 1993): 29-30.
- <sup>19</sup> Statement made at the Centre for Development and Population Activities, Management Training Workshop, Washington, D. C., July 1996.
- <sup>20</sup> Cable from Ambassador Grossman to the Secretary of State, "Emerging Population Trends in Turkey: Shifting From Abortion to Contraception?" (State Department Cable No. Ankara 02219) March 4, 1996.
- <sup>21</sup> The Egyptian Fertility Care Society and the Population Council, Improving the Counseling and Medical Care of Post Abortion Patients in Egypt, Final Report. (Cairo: EFCS, May 1995).